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SAtty Docket No. 02307U-132310US

PTO FAX NO.: 1-571-273-8300

Group Art Unit 3739

cc: ATTENTION: Examiner FARAH, AHMED M @ 1-571-273-4765

OFFICIAL COMMUNICATION

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following documents in re Application of GEORGE BAERVELDT et al., Application No. 10/052,473, filed January 18, 2002 for MINIMALLY INVASIVE GLAUCOMA SURGICAL TREATMENT AND METHOD are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Transmittal
2. Supplemental Response to Office Action

Number of pages being transmitted, including this page: 21

Dated: September 19, 2005


JoAnn Evangelista

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0024

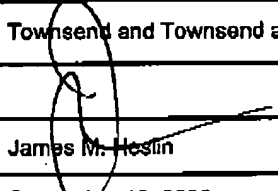
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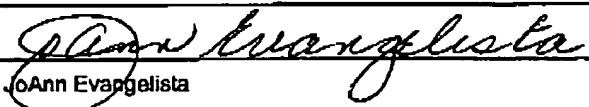
SEP 19 2005

PTO/SB/21 (09-04)

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/052,473
	Filing Date	January 18, 2002
	First Named Inventor	BAERVELDT, et al.
	Art Unit	3739
	Examiner Name	FARAH, AHMED M
	Attorney Docket Number	02307U-132310US
Total Number of Pages in This Submission		20

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	James M. Hoslin		
Date	September 19, 2005	Reg. No.	29,541

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I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. 1-571-273-8300 on September 19, 2005.			
Signature			
Typed or printed name	JoAnn Evangelista	Date	September 19, 2005

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Baerveldt, et al.)

Art Unit: 3739

Serial No.: 10/052,473)

Examiner: Farah, A.

Filed: January 18, 2002)

For: Minimally Invasive Glaucoma)
Surgical Treatment and Method)

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SUPPLEMENTAL RESPONSE TO OFFICE ACTION

Sir:

This is a supplemental response to the office action dated August 25, 2005.

A Listing of Claims begins on page 2 of this paper.

Remarks/Arguments begin on page 19 of this paper.